

Deschutes County Health Services

Cannabis Use Trends, Treatment, Prevention, & Updates

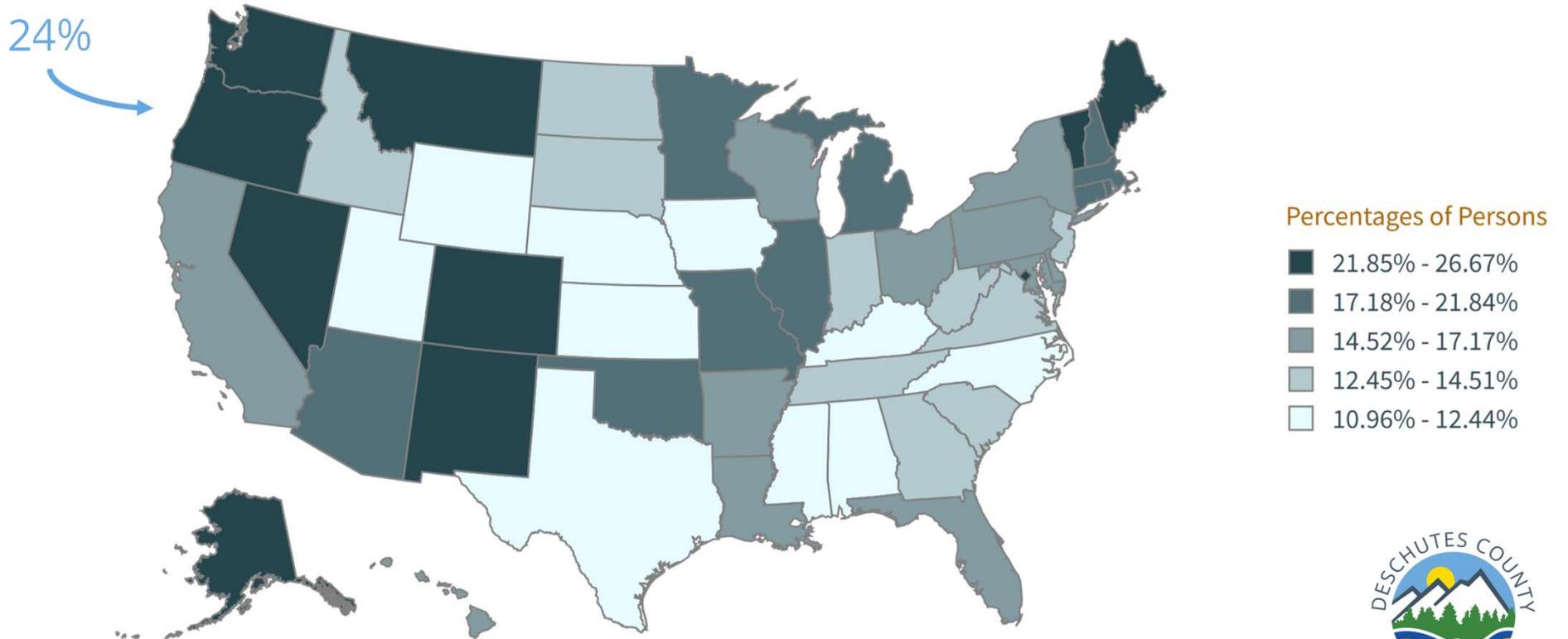
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April 1, 2026

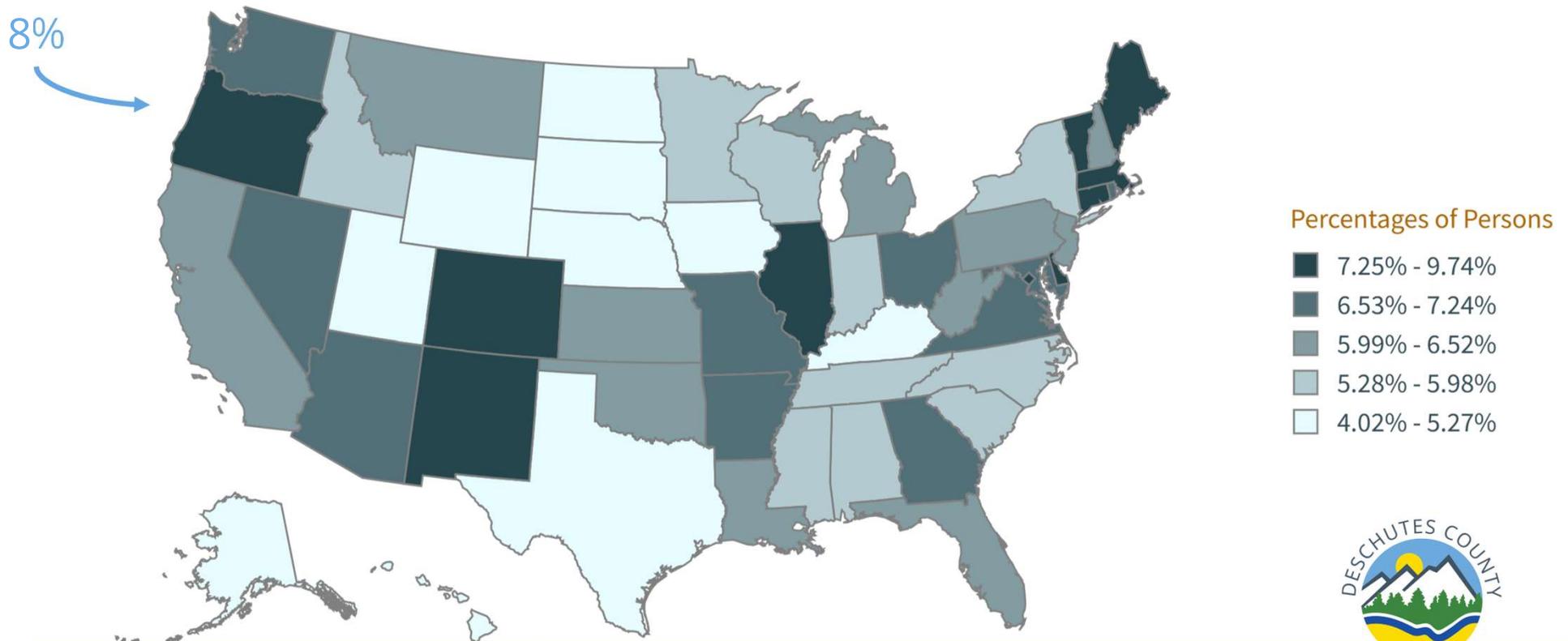
Oregon adult use is higher than U.S.

Marijuana Use in Past Month Among Adults Aged 18 or Older, by State: 2022-2023



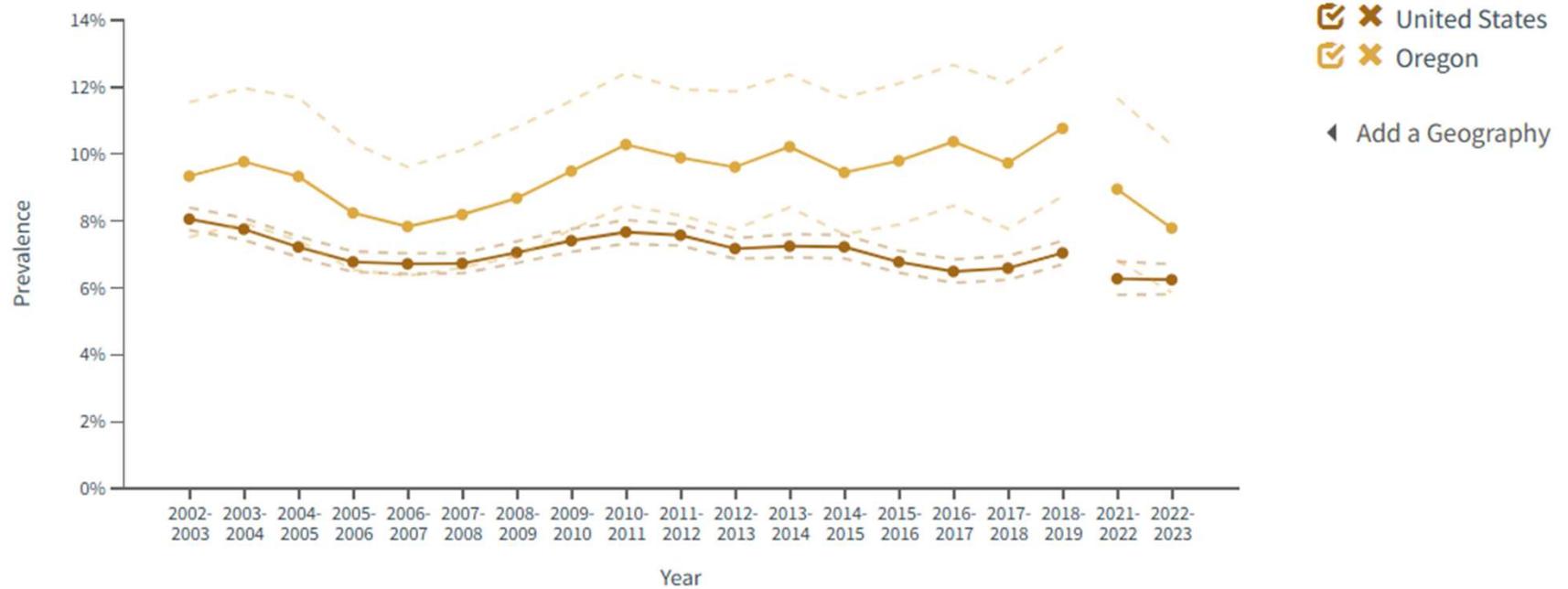
Oregon youth use is higher than U.S.

Marijuana Use in Past Month Among Youths Aged 12 to 17, by State: 2022-2023



Oregon youth use is higher than U.S.

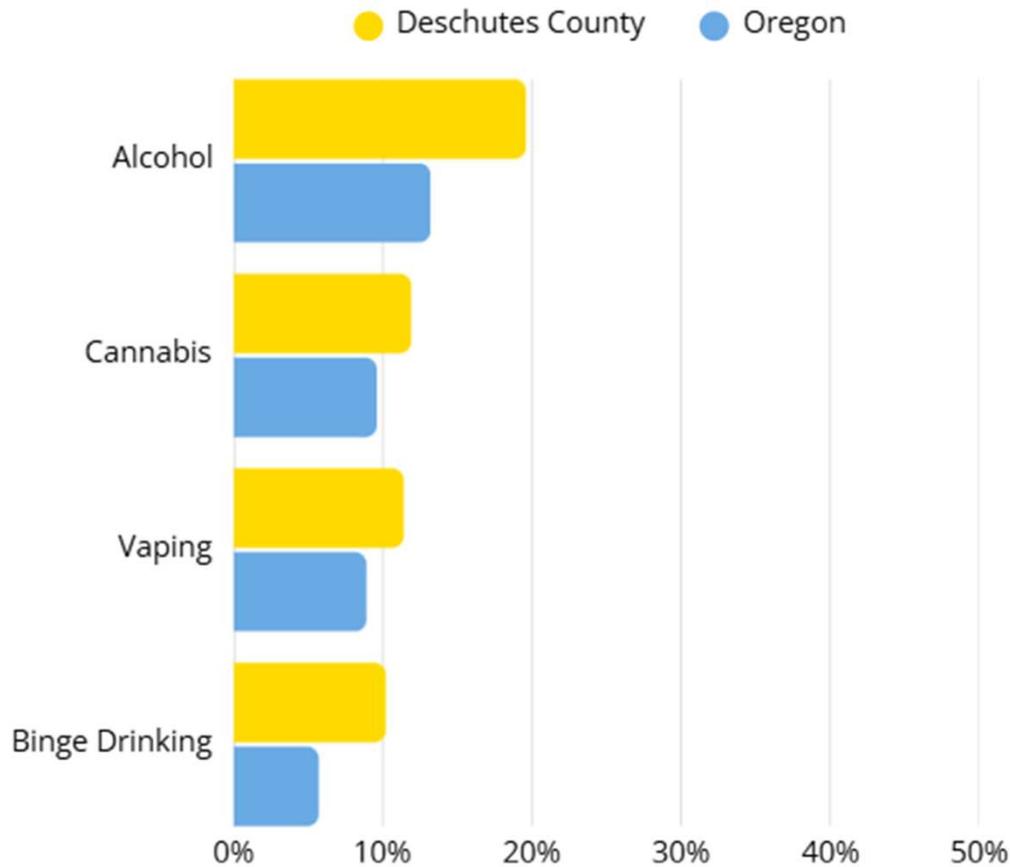
Marijuana Use in Past Month Among Youths Aged 12 to 17, by Geographic Area



NOTE: Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology.



Deschutes County use is higher than OR



Deschutes County 11th graders **are more likely** than their peers to be currently **using *any substance***



Prevention Strategies

What works in Youth Cannabis Use Prevention

Environmental Strategies



Physical Design



Access & Barriers



Policy & Enforcement



Risky Behaviors



Incentives/Disincentives



Information



Support



Education

Individual Strategies



Start the Conversation



Help & Information

We invite you to learn more about the impacts of substance misuse and problem gambling and the powerful opportunities we have for prevention. Join our efforts and start making a difference today!



Marijuana



Alcohol



Tobacco



RX Drugs



Gambling

Parent Engagement PSAs

Parents are the number one influence on whether or not their child uses marijuana, alcohol, or other drugs before the age of 21.

Campaign ads drive parents to tangible resources on a user-friendly website.

English & Spanish PSAs with county-wide reach



Prevention Education



- Parent Workshops in English and Spanish
- Health teacher professional development – opioids, overdose, tobacco, alcohol, cannabis use prevention
- SBIRT Training – teachers, admin, and SBHC providers



Strategic actions, meeting needs



19

Schools in all 3 school districts have adopted a positive disciplinary model for substance-related violations

13,643

Deschutes County students reached with substance use prevention education and services

54,000

Families reached with Start the Conversation substance use prevention media messages



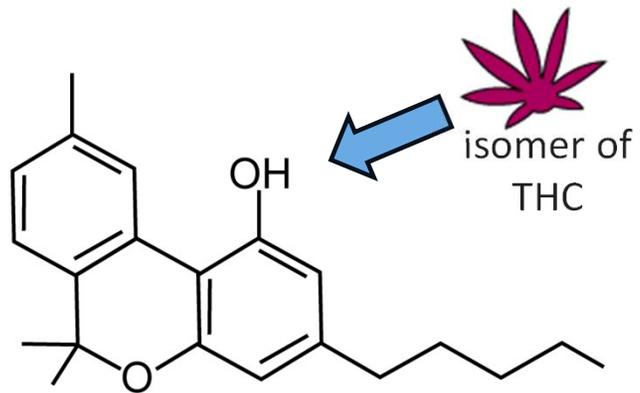
Cannabis and Mental Health

Cannabis Basics

- **Cannabis plant has 144 cannabinoids; only 2 (THC and CBD) have been extensively studied for potential therapeutic applications**
- **THC is the most psychoactive component of Cannabis**
 - Has been used to mitigate anorexia associated with AIDS, chemotherapy nausea/vomiting, cancer pain* (Cesamet, Marinol in US)
- **CBD is NOT psychoactive; has other mechanisms of action**
 - Has been used as an anti-inflammatory, and to address childhood seizure disorder (Epidiolex in US) and pain/muscle stiffness associated with MS (Sativex CAN 1:1 thc/cbd)

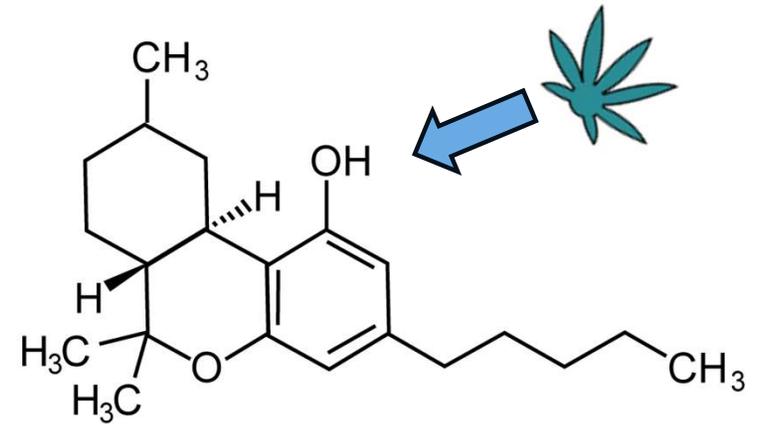


CBD



- NOT psychoactive anxiolytic
- Anticonvulsant under investigation by NIDA and NIH for therapeutic uses

THC



Psychoactive
anxiogenic

THC vs. CBD: Psychiatric Effects

	 Cannabis w/ Low CBD Content	 Cannabis w/ High CBD Content	 CBD alone
Psychosis symptoms	Higher risk of hallucinations and delusions	Lower risk of hallucinations and delusions	Possible antipsychotic effects
Psychotic disorder	Earlier age of onset	Later age of onset	
Cognition	Higher risk of acute memory impairment	Lower risk of acute memory impairment	
Anxiety	Anxiogenic; Increased amygdalar activity		Anxiolytic; Reduced amygdalar activity

Iseger TA, Bossong MG. Schizophr Res 2016;162:153-61.



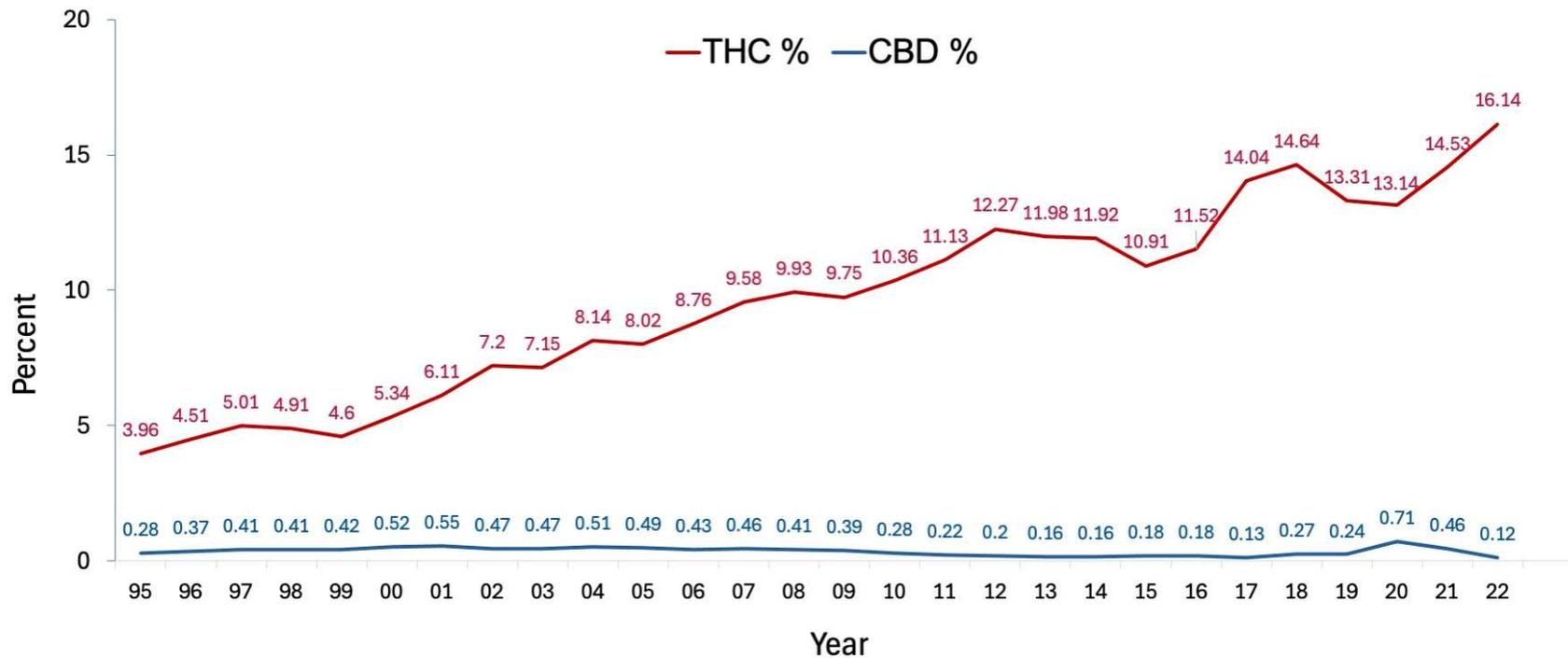
2023 Monitoring the Future Panel Study Annual Report

- 20,000 individual age 18-65 years, use in past 12 months, self reported
- Past year cannabis and hallucinogen use stayed at record highs in adults age 19-30 and 35-50
- Cigarette smoking dropped to record low

"Monitoring the Future Panel Study Annual Report: National data on substance use among adults age 18-65", 1976-2023. Published July 2024 <https://monitoringthefuture.org>



Percentage of THC and CBD in Cannabis Samples Seized by DEA, 1995-2022



Source: U Miss, Potency Monitoring Project



Cannabis use for Psychiatric Conditions

- Currently *no clear evidence for use of cannabis to treat any psychiatric illness*
- Early research showing potential benefits of pure pharmaceutical CBD for some psychiatric conditions.



Cannabis Use Effects-Mood and Anxiety

- Studies support an association between cannabis use and new-onset mania and worsening of manic symptoms in patients diagnosed with bipolar disorder
- Acute intoxication may cause transient acute anxiety including panic attacks
- Withdrawal from cannabis can cause increased depression, suicidal ideation, increased anxiety, panic attacks and insomnia
- Cannabis use or cannabis use disorder (CUD) can produce chronic mood changes such as those seen in Persistent Depressive Disorder and Major Depressive Disorder



Cannabis Use Effects-Psychosis

- There is substantial evidence that chronic cannabis use, especially during early adolescence, is associated with increased risk of psychosis and development of schizophrenia
- More than 30% of patients with cannabis induced psychosis develop long term psychotic disorder indistinguishable from schizophrenia
- Risk of schizophrenia 2-4 times higher in those who use cannabis regularly



Cannabis and Psychosis

- **Earlier onset of Schizophrenia associated with :**
 - Higher THC potency
 - Age of first cannabis use
 - Years of cannabis use
 - Daily cannabis use
- **Cannabis use and development of Schizophrenia share genetic overlap**
- **THC alone can induce symptoms like Schizophrenia in individuals without mental illness**



Cannabis Use Effects-Medical

- American Heart Association risk of MI and stroke due to THC effect on platelets/blood clotting as well as increased heart rate-recent American College of Cardiology review reports **Cannabis user age 50 and under were six times as likely to have heart attack vs non-users**
- Increased mouth, throat and lung cancer risk associated with smoking cannabis (studies removed cigarettes as complicating factor)
- Increased auto accidents associated with cannabis use due to decreased reaction time when using cannabis
- Increased emergency room visits reported in Colorado due to hyperemesis syndrome, children poisoning because of cannabis ingestion (gummies, brownies, etc..)



Cannabis Use Effects-Medical

- **Drug Interactions: Cannabis is metabolized via a pathway/enzymes in liver can interact with many prescribed meds**
 - Cannabis can increase bleeding risk for those on Warfarin (Coumadin) -for stroke prevention, Atrial Fibrillation, and other conditions by inhibiting the metabolism of it via CYP2C9-mediated metabolism
 - Case report cannabis increasing Tegretol levels-seizure medication can be toxic in high doses
 - Smoking cannabis can decrease Clozapine levels and effectiveness (from hydrocarbons in smoke)
 - Check cannabis/or marijuana in drug interactions when prescribing
- **Cannabis can accentuate sedative effects of CNS depressants**
 - Pain pills-opiates, benzodiazepines, muscle relaxers and many more



Cannabis Use Disorder (CUD)

- **22% of** people who use cannabis develop CUD (18-26%)
- Risk of CUD **INCREASED TO 33%** (22-44%) among young regular users (daily or weekly)
- **Cannabis Use Disorder most prevalent in young adults-highest risk of CUD (41.1%, 95% CI 38.4-43.8%)** among the cohort of 21-year-old emerging adults
- Cannabis Use Disorder may be associated with **cognitive impairment, poor school or work performance and psychiatric comorbidity such as mood disorders and psychosis**
- Most develop after **prolonged use, with at least weekly use, increased frequency of cannabis use and use of more potent cannabis products**



Cannabis Use Disorder

DSM V Diagnosis: if 2 or more present in same year:

Impaired Control

- Unable to ↓ use
- Lots time use
- Craving

Risky Use

- Hazardous use
- Use despite physical/psychological problems

Social Impairment

- Failed roles work, home, school
- Use despite problems socially/interpersonally
- ↓ Activities

Pharmacological Criteria

- Tolerance
- Withdrawal



Cannabis Use Disorder (CUD) and Psychiatric Comorbidity

2/3 people with cannabis use disorder have other substance use disorder (most common nicotine or alcohol)

Almost half have a current psychiatric disorder

- Major Depression
- PTSD
- GAD

In Danish nationwide cohort study of 6.7 million CUD associated with increased risk of Unipolar Depression, and nominally higher Bipolar Disorder (psychotic bipolar disorder more common)

Among VA patients greatest increase in CUD (2005-2019) among those with bipolar and psychotic disorder



Treatment of Cannabis Use Disorder

Few evidence-based supported approaches

~ 50% achieve remission

~ 70% return to use

No FDA-approved medications



Behavioral Health Resource Networks (BHRN) History, Updates and Impacts

BHRN History

Also known as Measure 110

- Began in 2020
- 2024 shifted from decriminalization to addiction services

County based, community provider networks

Offer timely, accessible, and comprehensive care for addiction



Drug Treatment and Recovery Services Fund (DTRSF)

Created to fund Measure 110:

- Addiction treatment
- Recovery
- Harm Reduction

Reliant upon Marijuana Tax Revenue

Purpose for BHR:

- Screenings/Treatment
- Behavioral Health Assessment
- Peer Support
- Low-Barrier substance use treatment



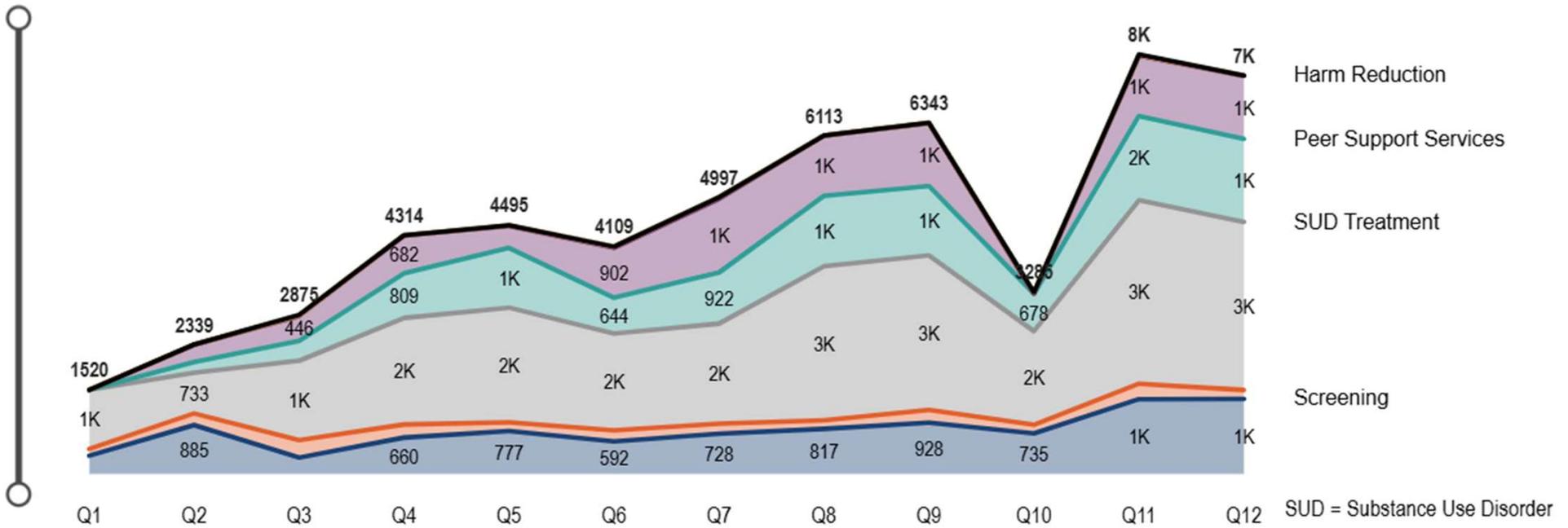
Deschutes Countywide BHRN Partners

	Substance Use Treatment	Supported Employment	Screening/ Assessment	Peer Support	Housing
Best Care	✓			✓	
Boulder Care	✓	✓	✓	✓	✓
Deschutes County	✓		✓	✓	
4 D Recovery (New)	✓			✓	
Ideal Option	✓				
Rimrock Trails	✓		✓	✓	



Countywide BHRN – Clients and Encounters

Number of BHRN encounters by service area and quarter - Deschutes County
 The number of BHRN client encounters in each quarter, beginning in July 2022 - July 2025



DCBH BHRN Funding Updates

14% DTRSF Funding
Reduction
-\$871,771.61

Eliminates 2.0 FTE
Continues to Support
6.2 FTE

64% Medicaid
14% Medicare
22% Indigent/Self-Pay



DCBH BHRN Funding Impacts

Substance Use Treatment

2025 (actuals)

- 5 FTE
- 123 distinct clients per quarter

2026 (estimates)

- 4 FTE – 20% decrease
- 98 distinct SUD clients per quarter

Peer Support

2025 (actuals)

- 3 FTE
- 82 distinct clients per quarter

2026 (estimates)

- 1.4 FTE – 34% decrease
- 56 distinct SUD clients per quarter



QUESTIONS

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3. NIDA-National Institute on Drug Abuse Interactive Site <https://nida.nih.gov/themes/custom/solstice/interactive/cannabis/>
4. NIDA <https://nida.nih.gov/research-topics/cannabis-marijuana>
5. Monitoring the Future Study <https://nida.nih.gov/new-events-releases/cannabis-hallucinogen-use-among-adults-remained-historic-highs-2023>



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